

Child Care Center/Sponsor**WEEKLY MENU RECORD**

Year: _____

Week: _____

Name of Center/Sponsor

Month: _____

Menu Item	Menu	Menu	Menu	Menu	Menu
Breakfast	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date
Milk					
Fruit/Veg./Juice					
Grains					
(Must serve 3 components)					
A.M. Supplement					
Milk					
Meat/Meat Alternate					
Fruit/Veg./Juice					
Grains					
(Must serve 2 components)					
Lunch					
Milk					
Meat/Meat Alternate					
Fruit/Veg.					
Fruit/Veg.					
Grains					
(Must serve 5 components)					
P.M. Supplement					
Milk					
Meat/Meat Alternate					
Fruit/Veg./Juice					
Grains					
(Must serve 2 components)					
Supper					
Milk					
Meat/Meat Alternate					
Fruit/Veg.					
Fruit/Veg.					
Grains					
(Must serve 5 components)					